

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-576)

SERIAL NO.
10-809,882

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4	/					
5	/					
6	/					
7	/					
8	/					
9						
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17						
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24						
25	/					
26	/					
27						
28	/					
29	/					
30						
31						
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39						
40	/					
41	/					
42	/					
43						
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.	7		
TOTAL DEP.	49		
TOTAL CLAIMS	56		

PTO-576 (Rev. 1-25-79)